

215040933
62964

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 039	Agency Case No. B5-093187	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/06/2015		S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1740	POLICE NOTIFIED 1742	10/07/2015
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Francis/49th-48th		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
	5.00			X 48th		
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
	1		02 2 1 1 04	1		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13124510			STATE (Of License)	NE
V1/N 5	DRIVER	KAYLA M LUETHKE			PHONE	4026468078
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	01/28/1990
	824 Seward, Seward, NE 68434				LOCAL NO.	
G 2	OWNER	AMY R SALTZMAN			PHONE	4024326134
	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	8-28-1980
	824 Seward, Seward, NE 68434				<input checked="" type="radio"/> YES <input type="radio"/> NO	LB485787
H 5	LICENSE PLATE	PA NO.	16E124	YEAR (Plate Expires)	2016	STATE (Of Plate)
V1/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	1999	GMC	YUKON	Medium/large	gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0
V2/O	VEHICLE ID NO. (VIN)	1GKEK13RXXJ754631			INSURANCE COMPANY	Progressive
	TOWED TO	TOWED BY			POLICY NO.	906674042
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.				STATE (Of License)	
V1/P 1	DRIVER				PHONE	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
	OWNER				PHONE	
J 01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	
					<input type="radio"/> YES <input type="radio"/> NO	
V1/Q 4	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	VEHICLE ID NO. (VIN)				INSURANCE COMPANY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$
K 01	TOWED TO	TOWED BY			POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
0	Ronald A Kellogg	5000 R St #1703, Lincoln, NE 68505			11/01/1990	19 10 3 1 M
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-093187



Indicate
North
by Arrow



POI: 5'6" E of E curb of 48th
3'4" S of N curb of Francis

Francis - 25'9"

No debris
No skid marks
Measurements are estimates

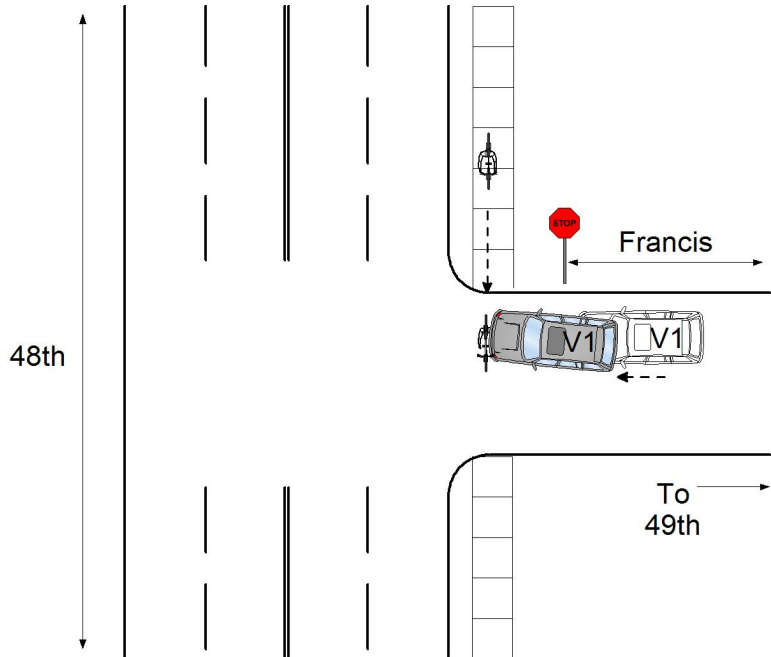


- Bicycle



- Stop sign

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of V1 reported that she was stopped facing WB on Francis between 49th and 48th for a stop sign at 48th. Driver of V1 stated that she was looking SB at traffic and began to accelerate to make a right turn to travel NB on 48th when V1 collided with a male riding a bicycle. She said she did not see the male riding his bicycle from the sidewalk onto Francis in front of V1. She said she was going 0-5 mph. Kellogg reported he was riding his bicycle SB on the east side of 48th approaching Francis. He said he observed V1 stopped on Francis at a stop sign at 48th. He said he did not stop prior to riding his bicycle onto Francis in front of V1 and V1 collided with the back half of his bicycle. Driver of V1 was cited and released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Red/Black Schwinn	Ronald A Kellogg	5000 R St #1703, Lincoln, NE 68505	4023210570	\$ 150
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1				X	Francis															
2																				
1	05				06 Turning left				VEHICLE 1				VEHICLE 2				VEHICLE 1			
2					07 Making U-turn				POINT OF IMPACT				POINT OF IMPACT				VEHICLE 1			
					08 Entering traffic lane				MOST DAMAGED AREA				MOST DAMAGED AREA				VEHICLE 2			
					09 Leaving traffic lane				00 None				02				03			
					10 Parked				09 Top & windows				01				04			
					11 Slowing or stopped in traffic				10 Undercarriage				08				07			
					12 Other				11 Total (all areas)				06				05			
					13 Unknown				12 Other											

OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT	Photographs taken?
1640	4	Lincoln Police Department	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
Wendy Fisher	Approved by Officer Wendy Fisher	10/07/2015